



Registered Undergraduate Student Proposal form
(To be completed by the Department)

PERSONAL DETAILS OF STUDENT						
Student's Name:						
Title: Mr Ms Mrs Mx etc.						
Student's Irish Home Address for Correspondence: <i>Not to be a Department address</i>						
Student's Personal Public Service Number (PPS) mandatory						
Telephone / Mobile number:						
Date of Birth:						
TCD or Personal Email address <i>Personal email address if not TCD student</i>						
Date of Registration: (Current academic year) <i>Student must be full time and registered for their degree. .</i>						
Department:						
Grant Holder: Authorised Signatory on Account						
Student's Supervisor:						
Stipend Sponsoring Body:						
Stipend Sponsoring Body 2: (If more than one)						
Stipend amount per week	€	per week amount only				
Stipend Payment dates	Start Date	Termination Date				
Research Codes Example: Project No Task No Award No 123456 01 78954	Cost Centre	Project No:	Task No:	Award No:	Expenditure Type	% to be charged
			01		N/A	
			01		N/A	
			01		N/A	
GL CODES: Example: GL Activity GL Source of Funds 0000000 3100 0000000 1212	GL Cost Centre	GL Activity	GL Source of funds 3100 or 1212		GL Expense code	% to be charged
					N/A	
					N/A	
					N/A	



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CHECKLIST

PLEASE ENSURE THAT ALL OF THE DOCUMENTS LISTED ARE SENT WITH THIS PROPOSAL FORM BY EMAIL TO HRFORTNIGHTLYSTAFF@TCD.IE

(Incomplete Applications will be rejected, please tick and confirm all below)

<input type="checkbox"/>	Completed Scholarship Exemption Declaration Form Signed and dated by the Student
<input type="checkbox"/>	Completed Bank Mandate Form signed and dated by the Student (staff number provided by HR Dept) students to be advised that their first payroll will be in the second week in which they will be paid for that week plus their arrears.
<input type="checkbox"/>	I confirm that the above Coding (Account numbers) on Page 1 are valid and correct
<input type="checkbox"/>	Please tick if the Student is not a Registered Student to TCD and needs a Visiting Student Card
<input type="checkbox"/>	Please state the name of the Student's home University:

Grant Holder / Principal Investigator Name: Please print Name		Date:
Grant Holder / Principal Investigator Signature:		
Head of School Name: Please print Name		Date:
Head of School Signature:		
Student Signature (print name)		Date
Student Signature (not printed)		